

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519744

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1				1
4		3				1
5		3				1
6		9				1
7		3				1
8		1				1
9	-	1			1	
10	1		1			1
11		1				1
12		2				1
13		2				1
14		2				1
15		2				1
16		1				1
17		1				1
18		1				1
19		1				1
20		1				1
21		1				1
22	1		1		1	
23			1			1
24		1				1
25			1			1
26		1				1
27		1				1
28			1			1
29			1			1
30			1			1
31	1		1		1	
32	1		1		1	
33	2		1		1	
34	2		1		1	
35	2		1		1	
36	2		1		1	
37	1		1		1	
38			1		1	
39			1		1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	4		5		4	
TOTAL DEP.	10		33		35	
TOTAL CLAIMS	25		39		39	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						